

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212524037			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: ALPHA PHI ALPHA, XI ALPHA LAMBDA CHAPTER, IRADORSEY SCHOLARSHIP ENDOWMENT FUND, INCORPORATED</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CHESTER F JOHNSON 6404 GAYFIELDS RD ALEXANDRIA, VA 22315-3667</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: 6/30/2012</p> <p>SCC ID NO: 04297222</p> <p>5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </p> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: POST OFFICE BOX 523167</p> <p style="margin-left: 40px;">CITY/ST/ZIP: SPRINGFIELD, VA 22152</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DAVID WOODS TITLE: PRESIDENT ADDRESS: 9705 THORNCREST DR CITY/ST/ZIP/CO: FT WASHINGTON, MD 20744 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DAVID WOODS TITLE: PRESIDENT ADDRESS: 9705 THORNCREST DR CITY/ST/ZIP/CO: FT WASHINGTON, MD 20744	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME:	Trustan Mure	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8001 Sportview Road		
CITY/ST/ZIP/CO:	Landover, VA 20785		
NAME:	Charles W. James, III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2408 Newmoor Way		
CITY/ST/ZIP/CO:	Upper Marlborb, MD 20744		
NAME:	William Jones	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5590 Malone Ridge Street		
CITY/ST/ZIP/CO:	Alexandria, VA 22312		
NAME:	Tyrick Bailey	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3317 Jesmond Court		
CITY/ST/ZIP/CO:	Waldorf, MD 20602		
NAME:	Robert Dutchie	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9644 McCarty Drive		
CITY/ST/ZIP/CO:	Ft. Belvoir, VA 22060		
NAME:	W. Earl Nicks	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8205 Woburn Abbey Road		
CITY/ST/ZIP/CO:	Glenn Dale, MD 20769		
NAME:	Paul G. Patton	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9702 Tiny Court		
CITY/ST/ZIP/CO:	Burke, VA 22015		
NAME:	Earl T. Richmond	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12216 Kingwell Street		
CITY/ST/ZIP/CO:	Mitchville, MD 20721		
NAME:	Steven Riddick	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4395 Eagle Court		
CITY/ST/ZIP/CO:	Waldorf, MD 20603		
NAME:	Rick A. Dorsey	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2601 Park Center Dr.		
CITY/ST/ZIP/CO:	Alexandria, VA 22302		
NAME:	Randolph Wilson, Sr.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	25488 Towby Court		
CITY/ST/ZIP/CO:	Aldie, VA 20105		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Clifford M. Wilborn DIRECTOR 10632 Heather Glen Way Bowie, MD 20702	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Darryl W. Sharp DIRECTOR 2717 Arlington Drive Alexandria, VA 22306	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Lawrence J. Shorten DIRECTOR 13409 Glen Tatlor Lane Herndon, VA 20171	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ CHESTER JOHNSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHESTER JOHNSON, DIRECTOR PRINTED NAME AND CORPORATE TITLE	6/26/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			